

**CITY OF GREEN BAY**

**PROJECT PERMITS APPLICATION**

Planning Dept-Inspection Division 100 N. Jefferson St Green Bay, WI 54301 ph.448-3300 fax 448-3117 www.green-bay.org

**\*APPLICANT PLEASE FILL IN THE BOLDED AREAS THAT APPLY\***

<b>Project Address</b>	<b>Parcel Number</b>	<b>Project No.</b>
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Is a Variance Required?  No  Yes Variance No. \_\_\_\_\_  Granted  Denied

<b>Property Owner</b>	<b>Contractor Info. Green Bay License No.</b> (if applies)
Name	Name
Company (if applies)	Company
Address	Address
City, State, Zip	City, State, Zip
Phone No./Cell No. Fax No. (if applies)	Phone No./Cell No. Fax No.

**Current Land Use, Flood Plain & Zoning** (check which applies)  
 Land Use:  Vacant Lot  1-Family  2-Family  Multi-Family-# of units\_\_\_\_\_,  Commercial (describe) \_\_\_\_\_  
 Zoning:  R-1  R-2  R-3  RR  OR  NC  D  C-1  C-2  C-3  LI  GI  BP  PI  CON  TND  
 Flood Plain:  Yes Base Flood Elevation (BFE) \_\_\_\_\_  No

**Project Scope:**  New  Addition  Alteration  Repair  Move  Raze (demolish)  Change-of-use  
 Height: \_\_\_\_\_ Area: Finished \_\_\_\_\_ Unfinished \_\_\_\_\_ Total Bldg: \_\_\_\_\_

<b>Description of Project ↓:</b>	<b>Estimated Cost of Construction \$</b> _____

**Plan Approvals**

<input type="checkbox"/> PLG Plan # _____ <input type="checkbox"/> City <input type="checkbox"/> SBD \$ _____	<input type="checkbox"/> Erosion Control # _____ <input type="checkbox"/> City <input type="checkbox"/> SBD \$ _____
<input type="checkbox"/> SWR Plan # _____ <input type="checkbox"/> City <input type="checkbox"/> SBD \$ _____	<input type="checkbox"/> Building Plan # _____ <input type="checkbox"/> City <input type="checkbox"/> SBD \$ _____
	<input type="checkbox"/> HVAC Plan # _____ <input type="checkbox"/> City <input type="checkbox"/> SBD \$ _____
	<input type="checkbox"/> Site Plan # _____ \$ _____

**Contractors** (Indicate all primary contractors that apply to this project-Name, Address, Phone Cert. No.)

<input type="checkbox"/> BLDG	Bldg Fee \$
<input type="checkbox"/> ELEC --	Elec Fee \$
<input type="checkbox"/> HVAC --	Hvac Fee \$
<input type="checkbox"/> PLBG -- _____ # of Fixtures	Plbg Fee \$
<input type="checkbox"/> SWRS -- <input type="checkbox"/> Water <input type="checkbox"/> Storm <input type="checkbox"/> Sanitary	Swrs Fee \$
<input type="checkbox"/> CERTIFICATE OF OCCUPANCY	C.O. \$
<input type="checkbox"/> Additional Permits (Sprinklers # ____/Curb Cut, Flood Plain, Erosion Control, Temp. Occupancy, Etc) (Please List)	Addl. Fee \$
<input type="checkbox"/> Double Fee Permit [s.15.07(b)] If application for a building permit has not been obtained prior to commencement of the job the applicable permit fee shall be doubled.	Double Fee \$

**Application Signature** The applicant certifies that information submitted, herein, is accurate; agrees to comply with the Wis. Admin. Code, Municipal Ord., and with the conditions of this permit; and understands that permit issuance creates no legal liability, expressed or implied on the Department or Municipality.

Signature of Applicant _____	Date _____
Review By _____ Cred. No. _____	Class Code _____ Census _____ Receipt No. _____ Total Fee _____

Copies To: WHITE/Assessor CANARY/File PINK/Reviewer GOLDENROD/Applicant Dist # \_\_\_\_\_ Check \_\_\_\_\_  
**Call (920) 448-3300 for required inspections between the hours of 8 a.m. to 4:30 p.m. Monday through Friday! Call during business hours to get on the next business day's schedule.**